



APPLICATION SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

☒ Change of Ownership ☐ Minor Amendment

[must use black ink or type]

PROPERTY LOCATION: 2729 King Street

TAX MAP REFERENCE: 052.02-06-05

ZONE: R-8

APPLICANT

Name: Woodbine Property 1, LLC

Address: c/o Marquis Health Services, 575 Route 70, Brick, NJ 08723

PROPERTY OWNER

Name: WRHC, LLC

Address: 200 Westgate Parkway Suite 203, Richmond, VA 23233

SITE USE: Nursing Home and Rehabilitation Center

Business Name: **Current:** Woodbine Rehabilitation & Healthcare **Proposed (if changing):** Woodbine Rehabilitation & Healthcare Center

☒ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Change in Ownership**, in accordance with the provisions of Article XI, Division A, Section 11-503 (5)(f) of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having read and received a copy of the special use permit, hereby agrees to comply with all conditions of the current special use permit, including all other applicable City codes and ordinances.

☐ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Minor Amendment**, in accordance with the provisions of Article XI, Division A, Section 11-509 and 11-511 of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having obtained permission from the property owner, hereby requests this special use permit. The undersigned also attests that all of the information herein required to be furnished by the applicant are true, correct and accurate to the best of his/her knowledge and belief.

Uri Kahanow

Print Name of Applicant or Agent

1608 Route 88, Suite 200

Mailing/Street Address

Brick, NJ

08723

City and State

Zip Code

Signature

732-415-6022

732-415-2007

Telephone #

Fax #

jfrank@tryko.com

Email address

12/02/19

Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

The following information must be furnished to the Department of Planning and Zoning to determine if the current use conducted on the premises complies with the special use permit provisions and all other applicable codes and ordinances.

1. Please describe prior special use permit approval for the subject use.

Most recent Special Use Permit # _____

Date approved: _____ / _____ / _____
month day year

Name of applicant on most recent special use permit _____

Use _____

2. Describe below the nature of the *existing* operation *in detail* so that the Department of Planning and Zoning can understand the nature of the change in operation; include information regarding type of operation, number of patrons served, number of employees, parking availability, etc. (Attach additional sheets if necessary.)

[illegible]

[illegible]

4. Is the use currently open for business? ____ Yes ____ No

If the use is closed, provide the date closed. ____ / ____ / ____
 month day year

5. Describe any proposed changes to the conditions of the special use permit:

6. Are the hours of operation proposed to change? ____ Yes ____ No

If yes, list the current hours and proposed hours:

Current Hours:

Proposed Hours:

7. Will the number of employees remain the same? ____ Yes ____ No

If no, list the current number of employees and the proposed number.

Current Number of Employees:

Proposed Number of Employees:

8. Will there be any renovations or new equipment for the business? ____ Yes ____ No

If yes, describe the type of renovations and/or list any new equipment proposed.

9. Are you proposing changes in the sales or service of alcoholic beverages? ____ Yes ____ No

If yes, describe proposed changes:

10. Is off-street parking provided for your employees? ____ Yes ____ No
If yes, how many spaces, and where are they located?

11. Is off-street parking provided for your customers? ____ Yes ____ No
If yes, how many spaces, and where are they located?

12. Is there a proposed increase in the number of seats or patrons served? ____ Yes ____ No
If yes, describe the current number of seats or patrons served and the proposed number of seats and patrons served. For restaurants, list the number of seats by type (i.e. bar stools, seats at tables, etc.)

Current:

Proposed:

13. Are physical changes to the structure or interior space requested? ____ Yes ____ No
If yes, attach drawings showing existing and proposed layouts. In both cases, include the floor area devoted to uses, i.e. storage area, customer service area, and/or office spaces.

14. Is there a proposed increase in the building area devoted to the business? ____ Yes ____ No
If yes, describe the existing amount of building area and the proposed amount of building area.

Current:

Proposed:

15. The applicant is the (check one) ____ Property owner ____ Lessee

____ other, please describe: _____

16. The applicant is the (check one) ____ Current business owner ☒ Prospective business owner

____ other, please describe: _____

17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant is a corporation, each person owning an interest in excess of ten percent (3%) in the corporation and the extent of interest shall be identified by name and address.

For the purpose of this section, the term “ownership interest” shall include any legal or equitable interest held in the subject real estate at the time of the application. If a nonprofit corporation, the name of the registered agent must be provided.

Please provide ownership information here:

Ownership Disclosure Attachment
Request for Administrative Change of Ownership
SUP 2003-0078

Tax Map Parcel: 052.02-06-05

Business Name: Woodbine Rehabilitation & Healthcare

1. CURRENT OWNER

WHRC, LLC

Name	Address	Percentage of Ownership
Cambridge Healthcare Holdings LLC	3000 Boonesville Road Free Union, VA 22940 Attention: Graham Adelman	99.99%
Graham Adelman	3000 Boonesville Road Free Union, VA 22940	0.01%

2. APPLICANT/PROPOSED OWNER

Woodbine Property 1, LLC (OWNER)

Name	Address	Percentage of Ownership
Quinto Delta, LLC	c/o Marquis Health Services 575 Route 70 Brick, NJ 08723 Attention: Uri Kahanow	90%
UKR Consulting, LLC	c/o Marquis Health Services 575 Route 70 Brick, NJ 08723 Attention: Uri Kahanow	10%

3. PROPOSED OPERATOR

Woodbine Operator, LLC (OPERATOR)

Name	Address	Percentage of Ownership
Quinto Delta, LLC	c/o Marquis Health Services 575 Route 70 Brick, NJ 08723 Attention: Uri Kahanow	90%
UKR Consulting, LLC	c/o Marquis Health Services 575 Route 70 Brick, NJ 08723 Attention: Uri Kahanow	10%